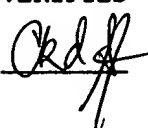
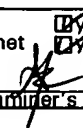


SERIAL NUMBER 09/028,187	FILING DATE 02/23/98	CLASS 099 100	GROUP ART UNIT 1761 3721	ATTORNEY DOCKET NO. M-95-3195-U.
APPLICANT	CARLOS NETO MENDES, ARARAQUARA, BRAZIL.			
	CONTINUING DATA***SEE OVERFLOW LABEL**			
	FOREIGN APPLICATIONS***			
	VERIFIED	BRAZIL	PI-9502218-0	06/12/95
		BRAZIL	PI-9502244-9	06/19/95
		BRAZIL	MI-5501197-7	08/01/95
		BRAZIL	MI-5501198-5	08/01/95
		BRAZIL	MI-5501199-3	08/01/95
		BRAZIL	MU-7501779-2	08/01/95
		BRAZIL	MU-7501780-6	08/01/95
		BRAZIL	MU-7501781-4	08/01/95
		BRAZIL	PI-9503518-4	08/01/95
		BRAZIL	MU-7501563-3	08/07/95
		BRAZIL	PI-9503109-0	08/07/95
		BRAZIL	MI-5501053-9	08/07/95
BRAZIL		MI-5501976-5	12/08/95	
BRAZIL		MU-7502784-4	12/08/95	
BRAZIL		MU-7502785-2	12/08/95	
BRAZIL	MU-7502786-0	12/08/95		
BRAZIL	MU-7502994-4	12/15/95		
***** SMALL ENTITY *****				
Foreign Priority claimed 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY BRX	SHEETS DRAWING 12	TOTAL CLAIMS 8
Verified and Acknowledged  <u>Examiner's Initials</u> <u>Initials</u>		INDEPENDENT CLAIMS 4		
ADDRESS	GEORGE A BODE BODE & ASSOCIATES 2314 BROADWAY NEW ORLEANS LA 70125-4125			
	TITLE FILTERING DEVICE FOR A CITRUS JUICE EXTRACTION MACHINE			
FILING FEE RECEIVED \$436	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/028,187 XXX				

APPLICANT

****CONTINUING DOMESTIC DATA*******

VERIFIED	THIS APPLN IS A CIP OF	08/647,066	05/09/96	PAT	5,655,441
	AND A CIP OF	08/681,627	07/29/96	PAT	5,720,218
	AND A CIP OF	08/681,626	07/29/96		
	AND A CIP OF	08/759,723	12/06/96	ABN	
	AND A CIP OF	08/759,722	12/06/96	PAT	5,720,219
	AND A CIP OF	08/759,727	12/06/96	ABN	
	AND A CIP OF	08/763,679	12/11/96	ABN	
	AND A CIP OF	08/884,529	06/27/97		

****371 (NAT'L STAGE) DATA*******

VERIFIED

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Initials Initials </div>	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
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ADDRESS

TITLE

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<div style="font-size: small;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit </div>
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